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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	033327.0017
	First Named Inventor	MELESKO, Robert S.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

☒ Declaration Submitted With Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LOTTERY TRANSACTION DEVICE, SYSTEM and METHOD**

the specification of which (Title of the Invention)

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/454,530	03/13/2003	

[Page 1 of 2]

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Commissioner for Patents, Washington, DC 20231.  
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## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Thomas F. Bergert	38,076		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name	Thomas F. Bergert				
Address	Williams Mullen				
Address	8270 Greensboro Drive, Suite 700				
City	McLean	State	VA	ZIP	22102
Country	U.S.A.	Telephone	703.760.5200	Fax	703.748.0244

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

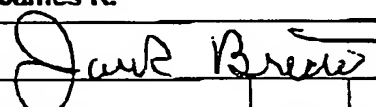
Given Name (first and middle (if any))		Family Name or Surname			
Robert S.		Melesko			
Inventor's Signature	<i>Robert S. Melesko</i>			Date	3-10-04
Residence: City	Westerly	State	RI	Country	USA
Post Office Address	39 Timothy Drive				
Post Office Address					
City	Westerly	State	RI	ZIP	02891
				Country	USA

☒ Additional Inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 7

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
James R.				Breindel			
<b>Inventor's Signature</b>						<b>Date</b>	3/11/04
<b>Residence: City</b>	Coventry	<b>State</b>	RI	<b>Country</b>	US	<b>Citizenship</b>	US
<b>Post Office Address</b> 6 Tamarack Trail							
<b>Post Office Address</b>							
<b>City</b>	Coventry	<b>State</b>	RI	<b>Zip</b>	02816	<b>Country</b>	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	

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**Supplemental Sheet**  
Page 2 of 7


<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard S.				Meehan			
<b>Inventor's Signature</b>		<i>RL Meehan</i>			<b>Date</b>		<i>3/12/04</i>
<b>Residence: City</b>	South Kingston	<b>State</b>	RI	<b>Country</b>	US	<b>Citizenship</b>	US
<b>Post Office Address</b>		544 A Ministerial Road					
<b>Post Office Address</b>							
<b>City</b>	South Kingston	<b>State</b>	RI	<b>Zip</b>	02892	<b>Country</b>	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
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<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 7

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert				Corvese			
<b>Inventor's Signature</b>					<b>Date</b>		3/10/04
<b>Residence: City</b>		Warwick	<b>State</b>	RI	<b>Country</b>	US	<b>Citizenship</b> US
<b>Post Office Address</b>		139 Duncan Road					
<b>Post Office Address</b>							
<b>City</b>		Warwick	<b>State</b>	RI	<b>Zip</b>	02886	<b>Country</b> US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>

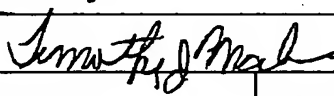
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Timothy J.				Mallin			
<b>Inventor's Signature</b>						<b>Date</b>	
						3-10-04	
<b>Residence: City</b>	Cranston	<b>State</b>	RI	<b>Country</b>	US	<b>Citizenship</b>	US
<b>Post Office Address</b>		30 Bluebird Lane					
<b>Post Office Address</b>							
<b>City</b>	Cranston	<b>State</b>	RI	<b>Zip</b>	02921	<b>Country</b>	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
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**ADDITIONAL INVENTOR(S)**  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Charles A.				Rafuse, Jr.			
Inventor's Signature	<i>Charles A. Rafuse Jr</i>					Date	3/10/04
Residence: City	Westery	State	RI	Country	US	Citizenship	US
Post Office Address	166 Westery Bradford Road						
Post Office Address							
City	Westery	State	RI	Zip	02891	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
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Post Office Address							
City		State		Zip		Country	

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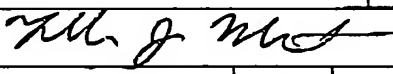
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Raymond				Alexandre			
<b>Inventor's Signature</b>		Raymond Alexandre			<b>Date</b>		3/11/04
<b>Residence: City</b>		West Warwick	<b>State</b>	RI	<b>Country</b>	US	<b>Citizenship</b> US
<b>Post Office Address</b>		206 River Farms Drive					
<b>Post Office Address</b>							
<b>City</b>		West Warwick	<b>State</b>	RI	<b>Zip</b>	02893	<b>Country</b> US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 7 of 7**

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Frank				Metayer			
<b>Inventor's Signature</b>						<b>Date</b>	
						10 MAR 04	
<b>Residence: City</b>		Stonington		<b>State</b>		CT	
				<b>Country</b>		US	
<b>Post Office Address</b>		96 Deans Mill Road					
<b>Post Office Address</b>							
<b>City</b>		Stonington		<b>State</b>		CT	
				<b>Zip</b>		06378	
				<b>Country</b>		US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>				<b>State</b>			
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<b>Post Office Address</b>							
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				<b>Country</b>			
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>				<b>State</b>			
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<b>Post Office Address</b>							
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